

CERTIFIED TRUE COPY

By: Kathy Rohr
Deputy Attorney General
Division of Law, 5th Floor
124 Halsey Street
Newark, New Jersey 07102
Tel: (201) 648-4735

In the Matter of:)
)
 ROBERT WOLLMAN, D.D.S.) Administrative Action
)
)
 Licensed to Practice Dentistry) CONSENT ORDER
 in the State of New Jersey)
)

In order to resolve this matter without recourse to formal proceedings and for good cause shown;

IT IS ON THIS 29th DAY OF April, 1996,
HEREBY ORDERED THAT:

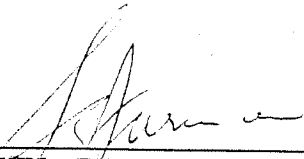
1. The State Board of Dentistry accepts the voluntary surrender of respondent Robert Wollman's license to practice dentistry in the State of New Jersey. Respondent shall submit any and all wall certificates including, but not limited to, his dentistry license and current certificate of registration to the Board of Dentistry at 124 Halsey Street, Sixth Floor, Newark, New Jersey 07012. Said voluntary surrender shall have the same force and effect as if his license had been revoked, and respondent shall immediately cease and desist any practice of dentistry.

2. In the event respondent wishes to petition the Board for reinstatement of his license to practice dentistry in the State of New Jersey, he shall be made to appear personally before the Board, and he shall have the burden to demonstrate to the satisfaction of the Board that he is capable of discharging the functions of a licensee in a manner consistent with the public's health, safety and welfare.

3. At the Board's discretion, respondent shall submit to a psychological and/or medical evaluation by a Board appointed consultant prior to requesting reinstatement of licensure. Respondent shall be responsible for the fee of the consultant for the evaluation and reports.

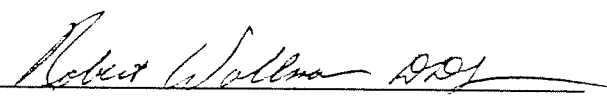
4. Respondent shall sign any necessary releases of information in order to cause and/or permit the staff or other pertinent persons or entities treating the respondent for drug dependency to disclose to the Board any evaluations of the

respondent as well as any records of rehabilitation programs and any recommendations for after-care or other pertinent information.



SAMUEL FURMAN, D.D.S.
PRESIDENT
STATE BOARD OF DENTISTRY

I have read the within Order.
I understand the Order, and I
agree to be bound by its terms
and conditions. Consent is
hereby given to enter this Order.



ROBERT WOLLMAN, D.D.S.